

Fill in this information to identify the case:

Debtor BSKC Ferry Building, LLC
United States Bankruptcy Court for the: Northern District of CA
(If known) Case number 21-30375-CN
(State)

☒ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address
Internal Revenue Service

P.O. Box 7346
Philadelphia, PA 19101-7346

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is: \$

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

Priority amount

\$ Unknown

2.2 Priority creditor's name and mailing address
Franchise Tax Board

Bankruptcy Section, MS A-340
P.O. Box 2952
Sacramento, CA 95812-2952
Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is: \$

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 3,300.00

2.3 Priority creditor's name and mailing address
Employment Development Department

Bankruptcy Unit-MIC 92E
P.O. Box 826880
Sacramento, CA 94280-0001
Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is: \$

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ Unknown

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 Priority creditor's name and mailing address

\$ 21,205.64

CA Dept. of Tax & Fee Administration
Account Information Group, MIC: 29
P.O. Box 942879

Sacramento, CA 94279-0029
Date or dates debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

Is the claim subject to offset?

- ☐ No
☐ Yes

2.5 Priority creditor's name and mailing address

\$ 1,229.60

San Francisco County Tax Collector
1 Dr. Carlton B. Goodlett Pl. #140
San Francisco, CA 94102

Date or dates debt was incurred

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

Is the claim subject to offset?

- ☐ No
☐ Yes

2. Priority creditor's name and mailing address

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

Is the claim subject to offset?

- ☐ No
☐ Yes

2. Priority creditor's name and mailing address

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Aramark 330 Chestnut Street Oakland, CA 94607 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 2,229.27
3.2	Nonpriority creditor's name and mailing address Bay Edge, Inc. 1456 Fourth Street Berkeley, CA 94710 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 360.00
3.3	Nonpriority creditor's name and mailing address Department of Alcoholic Beverage Control 3927 Lennane Drive, Suite 100 Sacramento, CA 95834 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 455.00
3.4	Nonpriority creditor's name and mailing address Matagrano, Inc. 440 Forbes Blvd South San Francisco, CA 94080 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 496.20
3.5	Nonpriority creditor's name and mailing address MCA Consulting LLC 108 Marin Street San Rafael, CA 94901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 10,309.45
3.6	Nonpriority creditor's name and mailing address Merchants Accounting Services Inc. 1880 Pleasant Valley Ave Oakland, CA 94611 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 1,000.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address No More Dirt 1699 Valencia Street San Francisco, CA 94110 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,785.00
3.8	Nonpriority creditor's name and mailing address Plate IQ 6400 Hollis Street Emeryville, CA 94608 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 18,300.00
3.9	Nonpriority creditor's name and mailing address Salt Partners LLC 885 South Van Ness Ave San Francisco, CA 94110 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 26,000.00
3.10	Nonpriority creditor's name and mailing address Tiffany Yam 213 3rd Avenue, Apt. 3 San Francisco, CA 94118 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 24,711.08
3.	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**

5a. Total claims from Part 1	5a.	\$	25,735.24
5b. Total claims from Part 2	5b.	+	\$ 87,646.00
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$	113,381.24